

Work Order ID 117924

May-05-14 2:27:25 PM

117924

Page 1

Item ID: D4728-042 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: RH Cabin Speaker #1
Start Date: 5/05/14 Start Qty: 15.00 ***15*** Cust Item ID:
Required Date: 7/31/14 Req'd Qty: 15.00 ***15*** Customer:
Reference:

Approvals: Process Plan: MLS Date: 140505 Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4728	D								

110 0.00

110

Outsource8

Outsource process- Eagle

Memo

Issue P/O to Eagle : 24054
Manufacture as per dwg
Certificate of conformity required

0.00

CL 14/05/07 '15

120 Receive & Inspect for Damage & Mat'l Certs 0.00

120

Packaging

Packaging

Memo

Inspect and check certificate of conformity

0.00

15x SP 14-8-18

130 QC4- 100% Inspect kits for completeness 0.00

130

QC

Quality Control

Memo

0.00

15

DAS
38
9-89

14-8-25

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 117924

May-05-14 2:27:25 PM

117924

Page 2

Item ID:	D4728-042	Accept	*N900040100*	Setup	Start	*NS1*
Revision ID:					Stop	*NS2*
Item Name:	RH Cabin Speaker #1					
Start Date:	5/05/14	Start Qty:	15.00	*15*	Cust Item ID:	
Required Date:	7/31/14	Req'd Qty:	15.00	*15*	Customer:	
Reference:						

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	Identify as per dwg & Stock Location: <u>ml</u>	0.00				<u>15</u>		<u>5m17</u>	
140								<u>11/8/26</u>	
Packaging	Memo	0.00							
Packaging									
150	QC21- Final Inspection - Work Order Release	0.00							
150						<u>ML5</u>	<u>14-08-26</u>		
QC	Memo	0.00							
Quality Control									

ML5 14-08-26

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

May-05-14 2:27:28 PM

Page 1

Work Order ID: 117924

117924

Parent Item: D4728-042

D4728-042

Parent Item Name: RH Cabin Speaker #1

Start Date: 5/05/14

Required Date: 7/31/14

Start Qty: 15.00

Required Qty: 15.00

Comments: IPP REV:A 12.11.09 NEW ISSUE DD VERF:JLM
B 13/07/24 DWG. UPDATE DL VERIFIED BY:JLM

IPP REV.

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4728-042P		Purchased		No			Each	0.0000		15			

D4728-042P

RH Cabin Speaker #1

15x 8/14-8-18

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

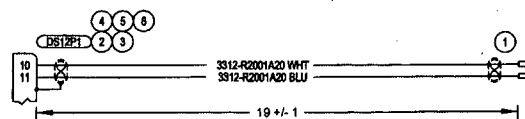
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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LIST OF MATERIALS				
QTY PER	ITEM	PART NUMBER	DESCRIPTION	SUPPLIER
	2	1	640911-1	TYCO ELECTRONICS
	1	2	M24308/4-2Z	
A/R (2)		3	M39029/64-369	
	1	4	M85049/48-2-2F	
	2	5	M24308/26-1F	
	1	6	MS25036-148	
			TERMINAL	



D4728-042 RH SPEAKER #1 HARNESS ASSY.

NOTES:

- ALL NEW UNSHIELDED WIRE USE M22759/41-XX-9 TYPE WIRE UNLESS OTHERWISE SPECIFIED (M22759/41-XX-X IS NOT INTENDED TO BE USED IN SOLDER APPLICATIONS, SOLDERABILITY CAN BE ACHIEVED WITH THE PROPER SOLDER. USE CRIMP SPLICES FOR REPAIR).
- ALL NEW TWISTED SHIELDED CABLE USE M27500-XXTGxT14 TYPE CABLE UNLESS OTHERWISE SPECIFIED.
- ALL WIRES 20 AWG UNLESS OTHERWISE SPECIFIED.
- IDENTIFY/CODE ALL WIRES AND CABLES IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- KEEP ALL JUMPERS, LOGIC STRAP, POWER, CHASSIS AND SIGNAL GROUND WIRES AS SHORT AS POSSIBLE.
- ALL TERMINALS TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ALL ELECTRICAL GROUNDING AND BONDING TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ALL CONNECTORS TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ENSURE ALL UNUSED CONNECTOR CONTACTS ARE FILLED WITH SPARE PINS/sockets OR PLASTIC GROMMET SEALING PLUGS.
- A DOT (•) BEFORE A CONNECTOR CONTACT LETTER DENOTES LOWER CASE.
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- IDENTIFY CONNECTORS WITH SHRINK SLEEVE LABELS.

DESIGN	<i>DB</i>	DART AEROSPACE LTD	
DRAWN	<i>DB</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>DB</i>	DRAWING NO.	REV. D
MFG. APPR.	<i>Lj</i>	D4728	SHEET 2 OF 15
APPROVED		TITLE	SCALE
DE APPR.	<i>[Signature]</i>	UTILITY INTERIOR WIRING HARNESS	NTS
DATE	14.01.09	COPYRIGHT © 2013 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE, OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			

117924 MJS
1405-05

RELEASED
2014-01-22
MP

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PO REPRINT

Purchase Order ID PO24054

Purchase Order Date 5/2/2014

PO Print Date 8/15/2014

Page Number 1 of 9

Order From :

POSITRONIC INDUSTRIE INC.
423 N CAMPBELL AVE
SPRINGFIELD, MO 65806
USA

VU-POS001

Ship To :

DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone

Ship To Contact

Ship To Phone

Ship Via

Ship Acct

Buyer

Michael Gregoire

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

USD

FOB

FCA - (Free Carrier)

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req. Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D4728-041P	LH Cabin Speaker #1	8/27/2014 Yes 8/27/2014		15.00 Each	\$45.18	\$677.70
	Manufacture as per Drawing D4728 rev.D B117921 Mfg# CC3986-V01						
	Line Total:						\$677.70
2	D4728-042P	RH Cabin Speaker #1	8/27/2014 Yes 8/27/2014		15.00 ✓ Each	\$38.75	\$581.25
	Manufacture as per Drawing D4728 rev.D B117924 Mfg# CC3986-V02						
	Line Total:						\$581.25

8014-8-18

PO Instructions: ***NOTE***

Fedex acc#151793240

Will accept earlier deliveries

Note:



Positronic®

www.connectpositronic.com

global connector solutions®

Positronic Industries Caribe, Inc.

101 ROAD #591

EL TUQUE INDUSTRIAL PARK

PONCE Puerto Rico 00728-0920

Puerto Rico

Phone: 787-841-0920 Fax: 787-841-5345

An ISO 9001

SAE AS9100

Certified

Company

Packing Slip

Cage Code: 54YW5

Page: 1 of 2

Ship To: MIKE GREGOIRE
DART AERO
1270 Aberdeen St
Hawkesbury ON K6A 1K7
Canada

Phone:
Fax:

Sold To: MIKE GREGOIRE
DART AERO
1270 Aberdeen St
Hawkesbury ON K6A 1K7
Canada

Phone:
Fax:

Ship Date: 8/14/2014

F.O.B.: FOB SHIPPING POINT

CustID: 22558

Ship Via: FedEx Intl Economy

Carrier: Federal Express

Waybill #: 780128188780

Pack Slip:

36630



Salesperson

Leo Giannakopoulos

Terms: Net 30 Days

P.O. # PO24054



S.O. # 20843



SHIPPING INTERNATIONALLY-COMMERCIAL INVOICE/ CERTIFICATE OF ORIGIN REQUIRED

This order acknowledgement contains cable assemblies for which Dart Aerospace has requested to receive a prototype shipment of 1 piece along with an AS9102 First Article Inspection Report prior to the commencement of the production quantity build.

As a result, Positronic has scheduled the shipment of one prototype piece (FA unit) and the inspection report (FAIR) at the lead time quoted for your cable assembly.

After Dart Aerospace acknowledges the FA unit meets the criteria to which it was built, by signing the acceptance paperwork which will accompany the shipment, the production quantity will be built to ship at a reduced lead time.

For PO24007 FA units are scheduled to ship at 8 weeks, and after receipt of a customer signed FAIR a 6 week production lead time for cables on PO24054 will begin.

The production lead time does not begin until the First Article Inspection Report is returned signed by the customer. The date of 07/31/2020 is used on your order acknowledgement to indicate production lines for which lead time has not yet begun, pending FA Unit/ FAIR shipment and approval.

SHIPPING TO CANADA-CANADA CUSTOMS/NAFTA DOCUMENTS REQUIRED





Line\Rel	Part Number	Rev	Planned Qty	Shipped Qty	Back Order Qty	UOM
2 \ 1	CC3986-V02	2	15.0000	15.0000		EA
D4728-042						
Total Net Weight: 0.00 G						

8/14/2014 3:19:19PM

Packing Slip

Cage Code: 54YW5

Page: 2 of 2

Line\Rel	Part Number	Rev	Planned Qty	Shipped Qty	Back Order Qty	UOM
Manufacturer: Positronic Industries Caribe, Inc.		Country of Origin: United States				
HTS #						
8538908040						
Customer Part \ Rev						
D4728-042 \ D						
Lot Number				Lot Qty		
02573463014				15.0000		
DATE CODE 30/14						

Shipping Package Information					
	Length	Height	Width	UOM	Weight UOM
1	11.00	13.00	8.00	IN	3.00 LB

Certificate of Conformance

WE CERTIFY THAT THE PRODUCT(S) FURNISHED FOR THE PURCHASE ORDER LISTED ABOVE HAS (HAVE) BEEN MANUFACTURED IN ACCORDANCE WITH POSITRONIC INDUSTRIES' ENGINEERING DRAWINGS AND MANUFACTURING PROCEDURES, AS WELL AS TO CUSTOMER SPECIFICATIONS AS LISTED ON THE PURCHASE ORDER. PHYSICAL AND CHEMICAL TEST DATA ARE ON FILE FOR VERIFICATION. PRODUCTS AND PACKAGING CONTAIN NO MERCURY. POSITRONIC INDUSTRIES WARRANTS NO ODS-CLASS I OR CLASS II(S) ARE USED IN THEIR MANUFACTURING PROCESSES; OR IN THE DESIGN, TESTING, ASSEMBLY, HANDLING, TRANSPORTATION, OR MAINTENANCE OF ANY PRODUCT THAT IT PRODUCES. ENGINEERING DATA AND EVIDENCE OF INSPECTION MAY BE SUPPLIED FOR VERIFICATION OF CONFORMANCE TO APPLICABLE MILITARY AND COMMERCIAL REQUIREMENTS.

Date: 8/14/14 Signed: [Signature]

QA Representative

8/14/2014 3:19:20PM



CANADA CUSTOMS INVOICE

Page 1 of 1

Shipment ID:

1. Vendor (name and address) Positronic Industries Caribe, Inc. 101 Carr #591 Ponce, 00728 PR		2. Date of direct shipment to 08/14/14		3. Other References (include Purchase Order number) PO24054, 20843	
4. Consignee (name and address) DART AERO 1270 Aberdeen St Hawkesbury, ON K6A 1K7 CA		5. Purchaser (if other than Consignee) DART AERO 1270 Aberdeen St Hawkesbury, ON K6A 1K7 CA			
		6. Country of Transshipment N/A			
		7. Country of Origin of Goods See Section 12			
8. Transportation: Give mode and place of direct shipment to Canada Federal Express Broker:		9. Conditions of Sale and Terms of Payment Ex Works			
		10. Currency of Settlement USD			
11. No of Pkgs	12. Specifications of Commodities (type of packages, marks and numbers, general description and characteristics, i.e. grade or quality)	13. Qty	Selling Price		
			14. Unit Price	15. Total	
	Part for use with elect connector 1kV max 8538908040 US	15	38.75	581.25	
18. If any of field 1 to 17 are included on an attached commercial invoice. Check this box <input type="checkbox"/> Commercial Invoice No. _____		16. Total Weight		17. Invoice Total	
		Net	Gross	1 581.25	
19. Exporter (name and address if other than Vendor)		20. Originator (name and address) Same as Vendor #1			
21. Departmental Ruling (if applicable)		22. If field 23 to 25 are not applicable, check this box. <input checked="" type="checkbox"/>			
23. If included in field 17, indicate amount:		24. If not included in field 17, indicate amount:		25. Check (if applicable)	
I. Transportation charges, expenses and insurance from the place of shipment to		I. Transportation charges, expenses and insurance from the place of shipment to		I. Royalty payments or subsequent proceeds are paid or payable by the purchaser	
II. Costs for construction, erection and assembly incurred after importation into		II. Amounts for commissions other than buying commissions		<input type="checkbox"/>	
III. Export packing		III. Export packing		II. The purchaser has supplied goods or services for use in the production of these goods	
				<input type="checkbox"/>	

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

NORTH AMERICAN FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN

19 CFR 181.11, 181.22

Shipment ID: 780128188780

1. EXPORTER NAME AND ADDRESS Positronic Industries Caribe, Inc. 101 Carr #591 Ponce, 00728 PR	2. BLANKET PERIOD (MM/DD/YY) FROM 01/01/14 TO 12/31/14
3. PRODUCER NAME AND ADDRESS Same as Shipper TAX IDENTIFICATION NUMBER:	4. IMPORTER NAME AND ADDRESS DART AERO 1270 Aberdeen St Hawkesbury, ON K6A 1K7 CA TAX IDENTIFICATION NUMBER:

5. DESCRIPTION OF GOODS	6. HS TARRIFF CLASSIFICATION NUMBER	7. PREFERENC E CRITERION	8. PRODUCER	9. NET COST	10. COUNTR Y OF
CC3986-V02 D4728-042	8538908040	B	YES	NO	US

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT;
- I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE;
- THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND
- THIS CERTIFICATE CONSISTS OF 2 PAGES, INCLUDING ALL ATTACHMENTS.

11a. AUTHORIZED SIGNATURE <i>Rafael Rumbonzo</i>	11b. COMPANY Positronic Industries Caribe, Inc.			
11c. NAME (PRINT OR TYPE) <i>Rafael Rumbonzo</i>	11d. TITLE SHIPPER			
11e. DATE(DD/MM/YY) 14/08/14	<table> <tr> <td data-bbox="600 1984 820 2053"> 11f. TELEPHONE NUMBER </td> <td data-bbox="820 1984 1201 2053"> (Voice) 787-841-0920 </td> <td data-bbox="1201 1984 1570 2053"> (Facsimile) </td> </tr> </table>	11f. TELEPHONE NUMBER	(Voice) 787-841-0920	(Facsimile)
11f. TELEPHONE NUMBER	(Voice) 787-841-0920	(Facsimile)		